



Managed by GenesisPath, LLC  
A MEMBER OF GENESIS BIOTECHNOLOGY GROUP

**4path Pathology Services**  
8238 S. Madison Street • Burr Ridge, IL 60527  
Toll Free: (877) 88-4PATH • (877) 884-7284  
(630) 828-2286 • Fax: (630) 560-0120  
www.4path.com



## Dermatology Test Requisition Form

Ordering Physician/Laboratory		Infectious Disease Specimen Information	
(Required: Include the ordering physician's first & last name, NPI, practice name, complete address, phone number and fax number.)		Date Collected (Req.):	Specimen Source:
<b>Infectious Disease Test Selection</b>			
<b>SKIN AND SOFT TISSUE INFECTIONS - OneSwab®</b>			
Testing by Real-Time PCR unless otherwise specified.			
369 <input type="checkbox"/> <i>Acinetobacter baumannii</i>			
125 <input type="checkbox"/> <i>Bacteroides fragilis</i>			
105 <input type="checkbox"/> <i>Chlamydia trachomatis</i> (**Reflex to azithromycin resistance by Pyrosequencing)			
6742 <input type="checkbox"/> Diabetic Foot Infection General Panel (MRSA, CA-MRSA, GAS, GBS, <i>B. fragilis</i> )			
6743 <input type="checkbox"/> Diabetic Foot Osteomyelitis Panel (MRSA, CA-MRSA, <i>S. epidermidis</i> , <i>E. coli</i> , <i>Klebsiella</i> species, <i>Proteus mirabilis</i> , <i>Pseudomonas aeruginosa</i> )			
153 <input type="checkbox"/> <i>Enterococcus faecalis</i>			
141 <input type="checkbox"/> <i>Escherichia coli</i>			
368 <input type="checkbox"/> <i>Fusobacterium</i> species			
6744 <input type="checkbox"/> Geriatric Foot Infections Panel (MRSA, CA-MRSA, GAS, GBS)			
6745 <input type="checkbox"/> Geriatric Pressure Ulcers Panel ( <i>E. coli</i> , <i>Proteus mirabilis</i> , <i>E. faecalis</i> , <i>S. aureus</i> , <i>S. epidermidis</i> , <i>Pseudomonas aeruginosa</i> , <i>B. fragilis</i> )			
1112 <input type="checkbox"/> Group A Streptococcus (GAS) - <i>Streptococcus pyogenes</i>			
127 <input type="checkbox"/> Group B Streptococcus (GBS) - <i>Streptococcus agalactiae</i>			
126 <input type="checkbox"/> Herpes subtype (HSV-1, HSV-2)			
713 <input type="checkbox"/> HPV Type-Detect® 3.0 by Next Generation Sequencing (Reflex to HPV-16 Risk Assessment Status) (Positive HPV-16 Only Req.)			
727 <input type="checkbox"/> <i>Klebsiella oxytoca</i>			
728 <input type="checkbox"/> <i>Klebsiella pneumoniae</i>			
121 <input type="checkbox"/> Leukorrhea Panel ( <i>N. gonorrhoeae</i> , <i>C. trachomatis</i> **, <i>T. vaginalis</i> *)			
128 <input type="checkbox"/> Molluscum contagiosum virus (MCV)			
1118 <input type="checkbox"/> MRSA: Methicillin-Resistant <i>Staphylococcus aureus</i> by Conventional PCR (includes methicillin susceptible <i>S. aureus</i> detection)			
1119 <input type="checkbox"/> CA-MRSA: Community-Associated MRSA. Panton-Valentine Leukocidin (PVL) DNA** (Type IV MRSA + #1118 Req.) [Community Associated MRSA = Type IV MRSA+ and PVL+]			
738 <input type="checkbox"/> <i>Neisseria gonorrhoeae</i>			
109 <input type="checkbox"/> <i>N. gonorrhoeae</i> & <i>C. trachomatis</i> **			
146 <input type="checkbox"/> <i>Proteus mirabilis</i>			
174 <input type="checkbox"/> <i>Pseudomonas aeruginosa</i>			
366 <input type="checkbox"/> Skin & Soft Tissue Infections (SSTI) Panel [ <i>B. fragilis</i> , <i>E. faecalis</i> , <i>E. coli</i> , GAS, GBS, <i>K. oxytoca</i> , <i>K. pneumoniae</i> , <i>Prevotella</i> Groups 1 & 2, <i>P. mirabilis</i> , <i>P. aeruginosa</i> , MRSA, Community Associated MRSA (CA-MRSA)]			
367 <input type="checkbox"/> Antibiotic Susceptibility Panel [ <i>Enterococcus faecalis</i> , <i>E. coli</i> , GAS, GBS, <i>K. oxytoca</i> , <i>K. pneumoniae</i> , <i>P. mirabilis</i> , <i>P. aeruginosa</i> , MRSA, CA-MRSA: amoxicillin-clavulanic acid, ampicillin (for <i>E. faecalis</i> ), cephalothin (cephalexin), clindamycin, doxycycline, trimethoprim-sulfamethoxazole, ciprofloxacin, cefepime, piperacillin-tazobactam, imipenem, gentamicin]** (153, 141, 1112, 127, 727, 728, 146, 174, or 1118 Req.) When panel is ordered and individual tests above are not selected, all 9 will be performed and billed.			
184 <input type="checkbox"/> <i>Staphylococcus aureus</i>			
709 <input type="checkbox"/> <i>Staphylococcus epidermidis</i>			
111 <input type="checkbox"/> <i>Trichomonas vaginalis</i> (*Reflex to metronidazole resistance)			
215 <input type="checkbox"/> Varicella-Zoster Virus (VZV)			
** This test can only be performed when the test in parenthesis is positive. All tests performed will be billed.			
Physician Signature:		Date:	
Physician to receive additional result report:			
<b>Patient Information (Please Print)</b>			
Name (Last, First) (Required):			
In Care of:			
Patient Address:			
City:	State:	Zip:	
Gender (Required):	<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (Required):	
Patient SS# (Required):	Patient ID#:		
Phone Number (Required):	Email:		
<b>Billing Information (Please include a copy of the front &amp; back of card.)</b>			
<input type="checkbox"/> Patient Billing	Diagnosis Codes (Required): Please provide ALL applicable codes. Refer to the back of this form for ICD-10 code examples.		
<input type="checkbox"/> Insurance Billing			
<input type="checkbox"/> Path Lab/Hospital			
<input type="checkbox"/> Physician Account			
Relation (Required):			
<input type="checkbox"/> Self			
<input type="checkbox"/> Spouse			
<input type="checkbox"/> Dependant			
Primary Insurance Carrier:			
Insured's Name (if not patient):			
Insured's SS#:	Insured's DOB:		
Claims Address:			
Medicare, Medicaid or Policy ID#:			
Employer/Group Name:	Group#:		
<b>Confirmation of Informed Consent and Medical Necessity for Pharmacogenomic/Genetic Testing</b>			
My signature below certifies that I am a licensed medical professional or his/her representative or a genetic counselor authorized to order genetic testing. My signature further acknowledges the patient has been supplied information regarding genetic testing and has been informed about the purpose, limitation and possible risks. The patient has been given the opportunity to ask questions about this consent and seek outside genetic counseling.			
In the event that the patient's health insurance plan determines for the test(s) I checked above that some of the genes that I requested for analysis are not covered, I understand that Medical Diagnostic Laboratories, L.L.C. shall perform and result the test(s) for the genes I selected, then submit the claim to the patient's health insurance plan for the testing of the genes covered under the patient's plan.			
If the testing is covered by the patient's health plan and the out-of-pocket expense is less than \$150.00, testing will proceed without further delay or additional contact. The patient has given consent for genetic testing to be performed and the signed consent form is being provided with this requisition. I confirm that this testing is medically necessary for the specified patient and that these results will be used in the medical management and treatment decisions for this patient.			
Medical Professional Signature (Req.): _____ Date: _____			
<b>Biopsy Information</b>			
Date Collected (Req.):	Time Collected:	Collector Signature:	No. vials collected:
1	Site:		
<input type="radio"/> Punch Biopsy	<input type="radio"/> Shave Removal (Ink)	<input type="radio"/> Alopecia Sections	
<input type="radio"/> Punch Excision (Ink)	<input type="radio"/> Excision (Ink)	<input type="radio"/> DIF	
<input type="radio"/> Shave Biopsy	<input type="radio"/> Curettage		
<b>Clinical Findings</b>			
<input type="radio"/> Nevus Atypical	<input type="radio"/> SCC	<input type="radio"/> FEP	
<input type="radio"/> Melanoma	<input type="radio"/> AK	<input type="radio"/> DF	
<input type="radio"/> BCC	<input type="radio"/> SK	<input type="radio"/> VV	
2	Site:		
<input type="radio"/> Punch Biopsy	<input type="radio"/> Shave Removal (Ink)	<input type="radio"/> Alopecia Sections	
<input type="radio"/> Punch Excision (Ink)	<input type="radio"/> Excision (Ink)	<input type="radio"/> DIF	
<input type="radio"/> Shave Biopsy	<input type="radio"/> Curettage		
<b>Clinical Findings</b>			
<input type="radio"/> Nevus Atypical	<input type="radio"/> SCC	<input type="radio"/> FEP	
<input type="radio"/> Melanoma	<input type="radio"/> AK	<input type="radio"/> DF	
<input type="radio"/> BCC	<input type="radio"/> SK	<input type="radio"/> VV	
3	Site:		
<input type="radio"/> Punch Biopsy	<input type="radio"/> Shave Removal (Ink)	<input type="radio"/> Alopecia Sections	
<input type="radio"/> Punch Excision (Ink)	<input type="radio"/> Excision (Ink)	<input type="radio"/> DIF	
<input type="radio"/> Shave Biopsy	<input type="radio"/> Curettage		
<b>Clinical Findings</b>			
<input type="radio"/> Nevus Atypical	<input type="radio"/> SCC	<input type="radio"/> FEP	
<input type="radio"/> Melanoma	<input type="radio"/> AK	<input type="radio"/> DF	
<input type="radio"/> BCC	<input type="radio"/> SK	<input type="radio"/> VV	
<b>NAIL ANALYSIS - Nail Clippings/Shavings or OneSwab®</b>			
Testing by Real-Time PCR unless otherwise specified.			
589 <input type="checkbox"/> Dermatophyte DNA Panel by Microarray [Anthropophilic: <i>Trichophyton tonsurans</i> , <i>T. interdigitale</i> , <i>T. schoenleinii</i> , <i>T. concentricum</i> , <i>T. rubrum</i> , <i>T. violaceum</i> , <i>Epidermophyton floccosum</i> , <i>Microsporum ferrugineum</i> , <i>M. audouinii</i> Zoophilic: <i>Trichophyton equinum</i> , <i>T. mentagrophytes</i> ( <i>T. interdigitale</i> ), <i>T. simii</i> , <i>T. quinckeanum</i> ( <i>T. mentagrophytes</i> ), <i>T. erinacei</i> , <i>T. bullosum</i> , <i>T. benhamiae</i> ( <i>Arthroderma benhamiae</i> ), <i>T. verrucosum</i> , <i>T. eriotrephon</i> , <i>Microsporum canis</i> , <i>Nannizzia persicolor</i> Geophilic: <i>Nylanderia fulva</i> ( <i>Microsporum fulvum</i> ), <i>Nannizzia Nannizzia gypseae</i> ( <i>Microsporum gypseum</i> ), <i>N. incurvata</i> ( <i>M. incurvatum</i> ), Yeasts/Molds: <i>Candida parapsilosis</i> , <i>C. albicans</i> , <i>C. guilliermondii</i> , <i>Fusarium solani</i> , <i>F. oxysporum</i> , <i>Scopulariopsis brevicaulis</i> ]			
586 <input type="checkbox"/> <i>Trichophyton rubrum</i> & <i>T. interdigitale</i> with a Pan-Fungal Real-Time PCR and Sanger Sequence Identification			
551 <input type="checkbox"/> <i>Candida albicans</i>			
558 <input type="checkbox"/> <i>Candida parapsilosis</i>			
<input type="checkbox"/> Nail with Nail Bed Biopsy with PAS			
<input type="checkbox"/> Nail with Nail Bed Biopsy with PAS, with Fungal Culture			
<input type="checkbox"/> Reflex GMS Stain			
<b>Oncology Testing Specimen Information</b>			
Date Collected (Required):		Specimen Source:	
		<input type="checkbox"/> Saliva <input type="checkbox"/> Whole Blood <input type="checkbox"/> Biopsy	
<b>Hereditary Genetics - Whole Blood or Saliva</b>			
2605 <input type="checkbox"/> Hereditary Melanoma Cancer Panel (10 genes) by Next Generation Sequencing (BAP1, BRCA1, BRCA2, CDK4, CDKN2A, MITF, POT1, PTEN, RB1, TP53)			
<b>Oncology Testing Specimen Information</b>			
Date Collected (Required):		Specimen Source:	
		<input type="checkbox"/> Saliva <input type="checkbox"/> Whole Blood	
<b>PHARMACOGENOMICS TESTING - Whole Blood or Saliva</b>			
<b>*Informed Consent form must accompany specimen</b>			
4048 <input type="checkbox"/> Azathioprine	3861 <input type="checkbox"/> Erythromycin	3970 <input type="checkbox"/> Sulfonamides	
3837 <input type="checkbox"/> Cyclosporine	3840 <input type="checkbox"/> Daptomycin	3993 <input type="checkbox"/> Voriconazole	
3910 <input type="checkbox"/> Methotrexate	3849 <input type="checkbox"/> Dicloxacillin		
3950 <input type="checkbox"/> Prednisone/Prednisolone	3957 <input type="checkbox"/> Rifampicin		
Other Tests/Panels: _____ Rel.: 4.2021			
For a complete list of testing, please visit our website <a href="http://www.mdmlab.com">www.mdmlab.com</a>			

Test No.	Drug/Gene(s)	Test No.	Drug/Gene(s)
4048	Azathioprine (TPMT)	3993	Voriconazole (CYP2C19, CYP2C9, CYP3A4)
3861	Erythromycin (CYP3A4)	3910	Methotrexate (MTHFR, ABCB1, SLCO1B1, ABCG2)
3970	Sulphonamides (CYP2C9)	3849	Dicloxacillin (ABCB1)
3837	Cyclosporine (ABCB1, CYP3A4, CYP3A5)	3950	Prednisone/Prednisolone (ABCB1)
3840	Daptomycin (ABCB1)	3957	Rifampicin (SLCO1B1, CYP2C9, CYP2C19)

Please indicate your Diagnosis Code selection on the front of this test requisition in the designated spaces under “Billing Information – Diagnosis Codes (Required)”.

ICD10	Description
<b>Onychomycosis</b>	
B35.1	Tinea unguium (onychomycosis)
B35.8	Other dermatophytoses
B35.9	Dermatophytosis, unspecified
B37.2	Candidiasis of skin and nail
B37.9	Candidiasis, unspecified
<b>Diabetic Foot Infections – Geriatric Infections – General Skin &amp; Soft Tissue Infections</b>	
A49.01	Methicillin susceptible <i>Staphylococcus aureus</i> infection, unspecified site
A49.02	Methicillin resistant <i>Staphylococcus aureus</i> infection, unspecified site
A49.8	Other bacterial infections of unspecified site
E09.621	Drug or chemical induced diabetes mellitus with foot ulcer
E10.621	Type 1 diabetes mellitus with foot ulcer
E10.622	Type 1 diabetes mellitus with other skin ulcer
E11.621	Type 2 diabetes mellitus with foot ulcer
E13.621	Other specified diabetes mellitus with foot ulcer
L08.9	Local infection of the skin and subcutaneous tissue, unspecified
L98.9	Disorder of the skin and subcutaneous tissue, unspecified
M60.073	Infective myositis, right foot
M60.074	Infective myositis, left foot
Z86.31	Personal history of diabetic foot ulcer
<b>Malignancies</b>	
C43.0	Malignant melanoma of lip
C43.10	Malignant melanoma of unspecified eyelid, including canthus
C43.11	Malignant melanoma of right eyelid, including canthus
C43.12	Malignant melanoma of left eyelid, including canthus
C43.20	Malignant melanoma of unspecified ear and external auricular canal
C43.21	Malignant melanoma of right ear and external auricular canal
C43.22	Malignant melanoma of left ear and external auricular canal
C43.30	Malignant melanoma of unspecified part of face
C43.31	Malignant melanoma of nose
C43.39	Malignant melanoma of other parts of face
C43.4	Malignant melanoma of scalp and neck
C43.51	Malignant melanoma of anal skin
C43.52	Malignant melanoma of skin of breast
C43.59	Malignant melanoma of other part of trunk
C43.60	Malignant melanoma of unspecified upper limb, including shoulder
C43.61	Malignant melanoma of right upper limb, including shoulder
C43.62	Malignant melanoma of left upper limb, including shoulder
C43.70	Malignant melanoma of unspecified lower limb, including hip
C43.71	Malignant melanoma of right lower limb, including hip
C43.72	Malignant melanoma of left lower limb, including hip
C43.8	Malignant melanoma of overlapping sites of skin
C43.9	Malignant melanoma of skin, unspecified
C44.90	Unspecified malignant neoplasm of skin, unspecified
C44.91	Basal cell carcinoma of skin, unspecified
C44.92	Squamous cell carcinoma of skin, unspecified
C44.99	Other specified malignant neoplasm of skin, unspecified
<b>Pharmacogenomics</b>	
T50.995A	Adverse effect of other drugs, medicaments and biological substances, initial encounter
T50.995D	Adverse effect of other drugs, medicaments and biological substances, subsequent encounter
T50.995S	Adverse effect of other drugs, medicaments and biological substances, sequelae
T50.996A	Underdosing of other drugs, medicaments and biological substances, initial encounter
T50.996D	Underdosing of other drugs, medicaments and biological substances, subsequent encounter
T50.996S	Underdosing of other drugs, medicaments and biological substances, sequelae
T50.915A	Adverse effect of multiple unspecified drugs, medicaments and biological substances, initial encounter
T50.915D	Adverse effect of multiple unspecified drugs, medicaments and biological substances, subsequent encounter
T50.915S	Adverse effect of multiple unspecified drugs, medicaments and biological substances, sequelae
T50.916A	Underdosing of multiple unspecified drugs, medicaments and biological substances, initial encounter
T50.916D	Underdosing of multiple unspecified drugs, medicaments and biological substances, subsequent encounter
T50.916S	Underdosing of multiple unspecified drugs, medicaments and biological substances, sequelae

This is a general, non-comprehensive guide for use by the healthcare provider to assist in the assignment of a diagnosis code to the laboratory testing ordered. The healthcare clinician must only order tests determined to be medically necessary for the diagnosis and treatment of the patient.

Physicians must only order tests that they have determined are medically necessary for the diagnosis and treatment of a patient. MDL offers individual tests, as well as a limited number of customized panels. If you choose to order a panel, please make certain that each and every test is medically necessary. If you check off a panel as your choice, MDL understands that the physician has determined that all of the component tests are medically necessary, and will perform, report and bill for all such component tests.

• **UroSwab**® & X-Plate Technology® are registered trademarks of Medical Diagnostic Laboratories, L.L.C.

• UroVysion® is a trademark of the Abbott Group of Companies.

• Keytruda® is a trademark of Merck Sharp & Dohme Corp.

• Opdivo® is a trademark of Bristol-Myers Squibb Company.

• Tecentriq® is a trademark of Genentech, Inc.